

2549

1. County of Gila
 District of Miami
 Town of _____
 or _____
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151Co. Registrar No. 495

Local Registrar No. _____

1. County of GilaDistrict of Miami

Town of _____

or _____

City of _____

No. _____

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Harold Johnson

If child is not yet named, make supplemental report, as directed

3. Sex of child male

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? Yes7. Date of birth Oct 17 - 22 (Month, day, year)8. Full name of FATHER Harry Johnson14. Full maiden name of MOTHER Mattie Webster Folkers9. Residence (Usual place of abode) Douglas Ariz.

If nonresident, give place and State

15. Residence (Usual place of abode) Douglas Ariz.

If nonresident, give place and State

10. Color or race White11. Age at last birthday 32 (Years)16. Color or race White17. Age at last birthday 26 (Years)12. Birthplace (city or place) New Mex.

(State or country)

18. Birthplace (city or place) Texas

(State or country)

13. Occupation Section foreman

Nature of Industry

19. Occupation H. W.

Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)

(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature B. F. Hardy M.D.

(Physician or midwife)

Address Miami Ariz.

Given name added from a supplemental report _____ (Month, day, year)

Filed Oct 20, 1922

Local Registrar.

815 1017-462 Registrar.Filed 11/6, 1922

County Registrar.